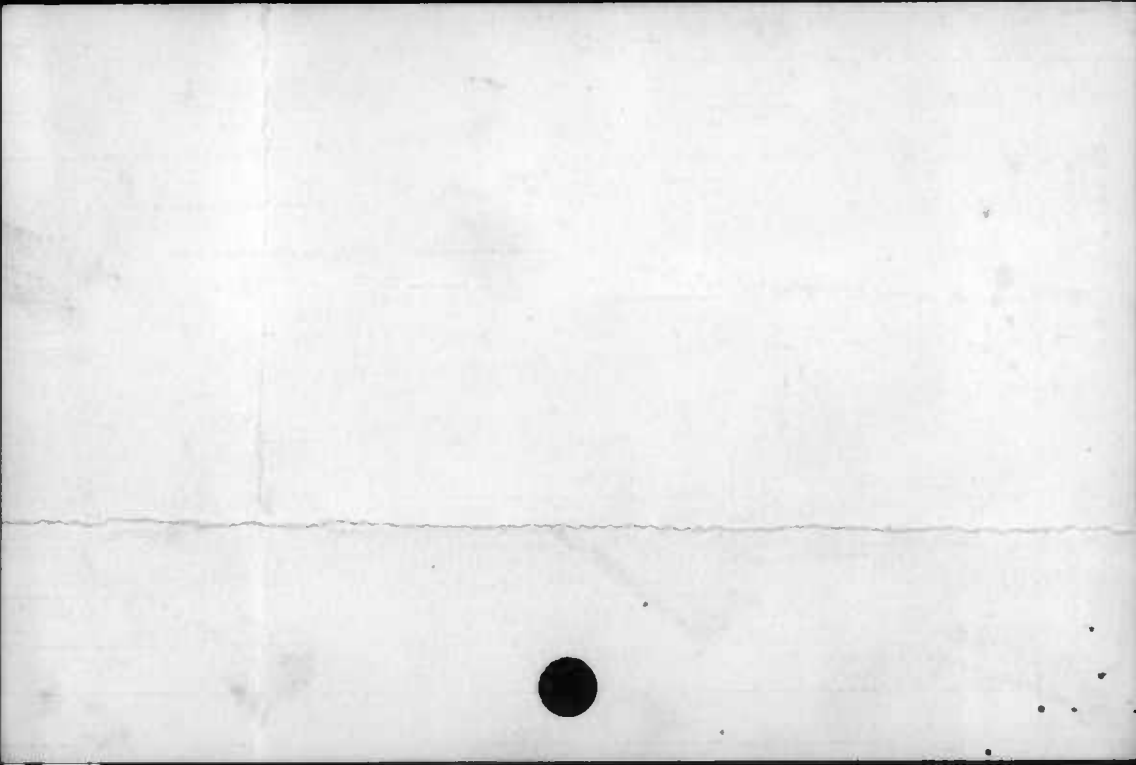


Name in Full Anna M. Anderson		CERTIFICATE OF DEATH	
Town Jessups		County Harward	
State MARYLAND			
Date of death 1908	Month Nov	Day 10	Age 65
Sex Female		Color or Race White	Birth-place Ma
Occupation 		Where Residing if not at place of death 	
Married, Single or Widowed Widow	Name of Wife or Husband Andrew P. Anderson		
Father's Name George Gardner	Father's Birthplace Ind.		
Mother's Maiden Name Maria Reese	Mother's Birthplace Ind.		
Name of person giving information G. E. Keys	How related to deceased Daughter		
CAUSES OF DEATH			
Primary Cerebral Hemorrhage	How long 2 hours		
Immediate 	How long 		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. F. Hammond		
No	Address Jessups Ind.		
Accident or Suicide? No			



Name in Full		Died at		Town		County		State	
Dorothy Marcelline Beale		man		Savage		Howard		MARYLAND	
Date of death		Month		Day		Age		Years	
1908		11		18		4		27	
Sex		Color or Race		Birth-place					
Female		White		Md					
Occupation		Where Residing if not at place of death							
Infant		at home							
Married, Single or Widowed		Name of Wife or Husband							
Single									
Father's Name		Father's Birthplace							
Ernest Beale		Md							
Mother's Maiden Name		Mother's Birthplace							
Florence Carroll		Md							
Name of person giving information		How related to deceased							
Ernest Beale		father							
CAUSES OF DEATH									
Primary		How long							
Laryngeal diphtheria		2 days							
Immediate		How long							
Heart failure		progressive							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		Address							
		Savage							
Accident or Suicide?									
Neither									



Name
in
Full

 CERTIFICATE OF DEATH
TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary W. Blackmon* Town *Chicksville* County *Howard*
 Died at *Chicksville* Maryland
 Date of death 190 *8* Month *Nov* Day *9* Age *6* Years Months Days
 Sex *Female* Color or Race *Colored* Birth-place *MD*
 Occupation *None* Where Residing if not at place of death *Chicksville*
 Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Wm Blackmon* Father's Birthplace *Va*
 Mother's Maiden Name *Laura Holland* Mother's Birthplace *MD*
 Name of person giving Information *Wm Blackmon* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *Unknown*
 Immediate *Exhaustion* How long *Progressive*
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *Wm H. I. Cecil*
 Address *Highland*
 Accident or Suicidal

Hopkins Chapel Cemetery .

Highland

Name
in
Full

Sarah E. Cline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

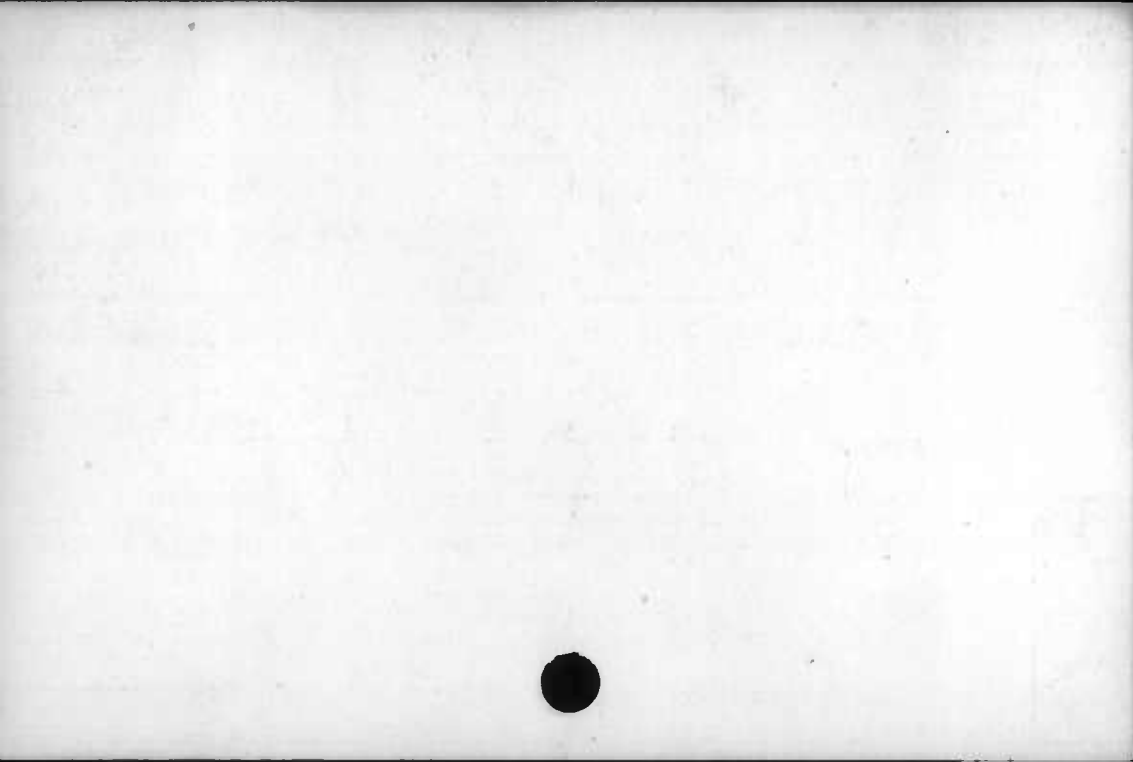
Died at <i>Rover</i>		Town		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>27</i>	Age <i>98</i>	Years	Months <i>9</i>	Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Frederick Co.,</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>C. Albert Hobbs</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>George W Cline</i>					
Father's Name <i>Frederick Poole</i>		Father's Birthplace <i>Frederick Co</i>					
Mother's Maiden Name <i>Mary Wood</i>		Mother's Birthplace <i>Frederick Co.</i>					
Name of person giving information <i>Minnie D. Hobbs</i>		How related to deceased <i>Grand Child</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>5 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Keith Jr</i>	
		Address <i>West Friendship</i>	
		<i>Howard Co.</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

Brother Abraham = Michael Cusack

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

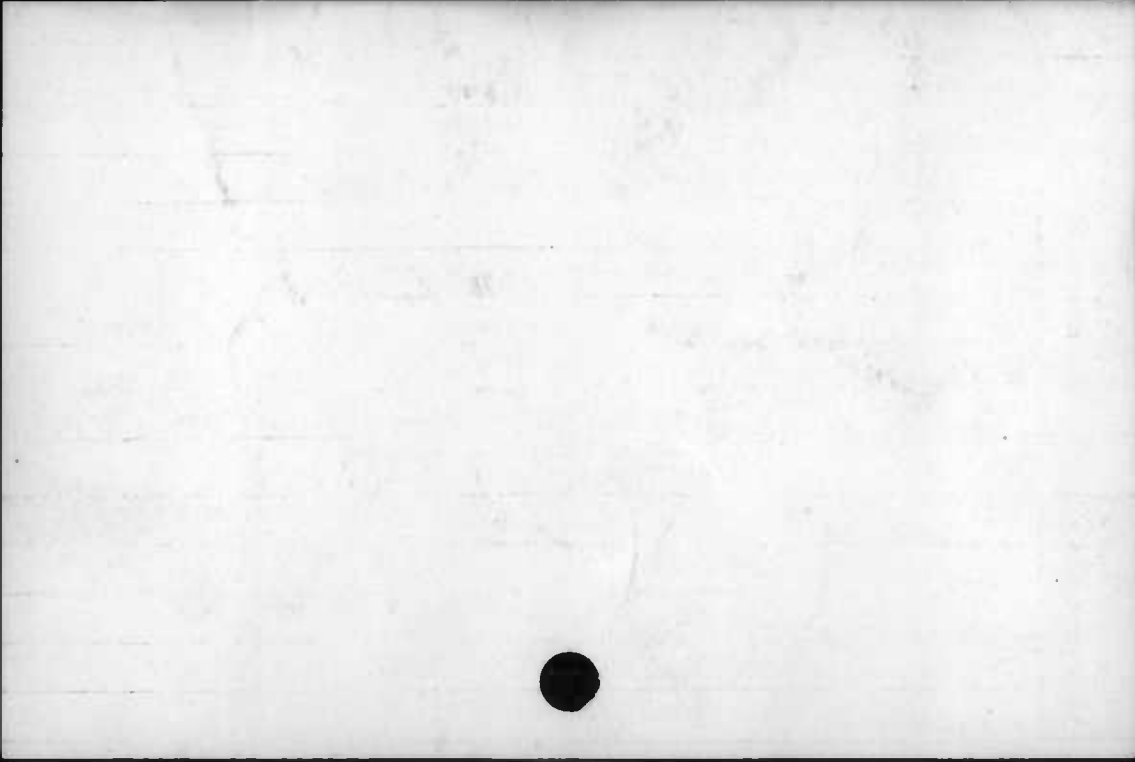
Died at <u>Ellicott City</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Nov.</u> ^{Month}	<u>26</u> ^{Day}	Age <u>67</u> ^{Years}	<u>2</u> ^{Months}	<u>-</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ireland</u>	
Occupation <u>Pres. Rock Hill College</u>			Where Residing if not at place of death <u>~~~~~</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>Robert Cusack</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>Bridget Dowling</u>			Mother's Birthplace <u>not known</u>		
Name of person giving information <u>Brother Blandin</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Asthma</u>	How long <u>3 days</u>
Immediate <u>Heart failure</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Thos B Doring</u>
	Address <u>Ellicott City, Md</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

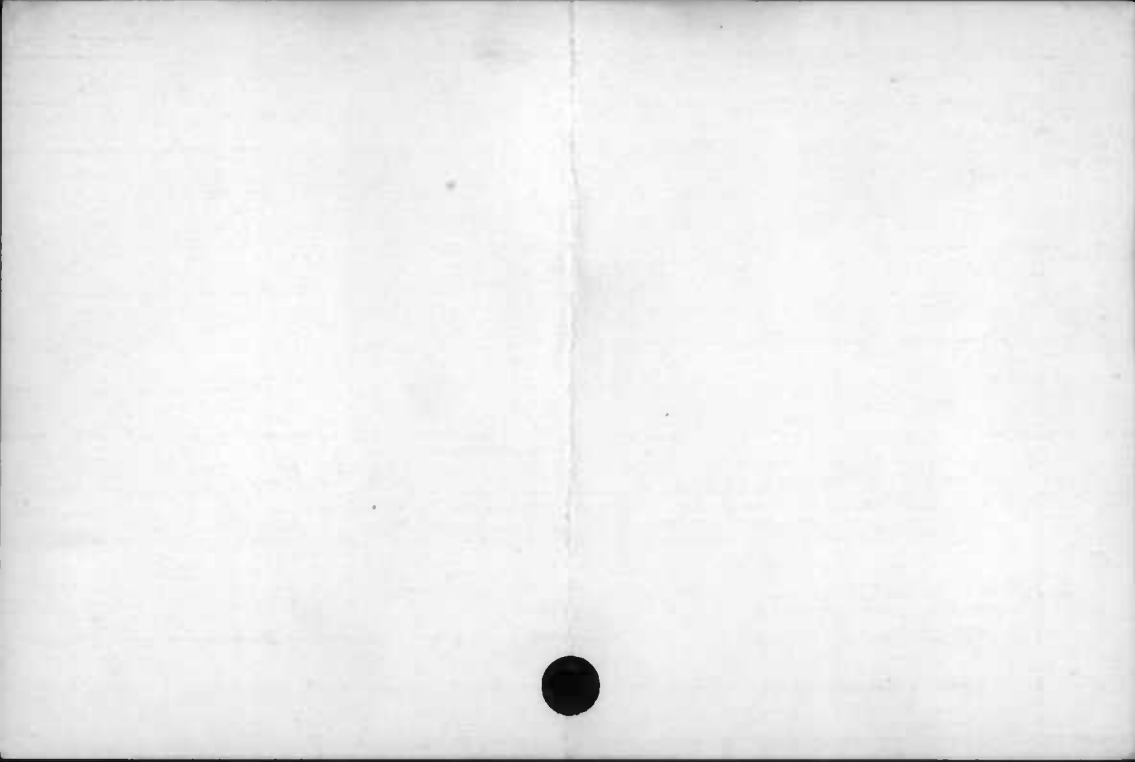
Name <i>George Washington Driver</i>		Town <i>near Waterville</i>		County <i>Howard</i>		MARYLAND					
Died at		Month <i>11</i>		Day <i>21</i>		Age <i>61</i>		Months <i>10</i>		Days <i>13</i>	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Poplar Springs</i>					
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>At Home</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Driver</i>									
Father's Name <i>Denton Driver</i>		Father's Birthplace <i>Carroll Co</i>									
Mother's Maiden Name <i>Mrs. Ann Warfield</i>		Mother's Birthplace <i>Howard Co</i>									
Name of person giving information <i>Reison T Driver</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Central Hemorrhage</i>		How long <i>10 days</i>	
Immediate <i>Central Hemorrhage</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. Laver</i>	
		Address <i>Not living here</i>	
Accident or Suicide?			



Name
in
Full

Kate Fetter

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

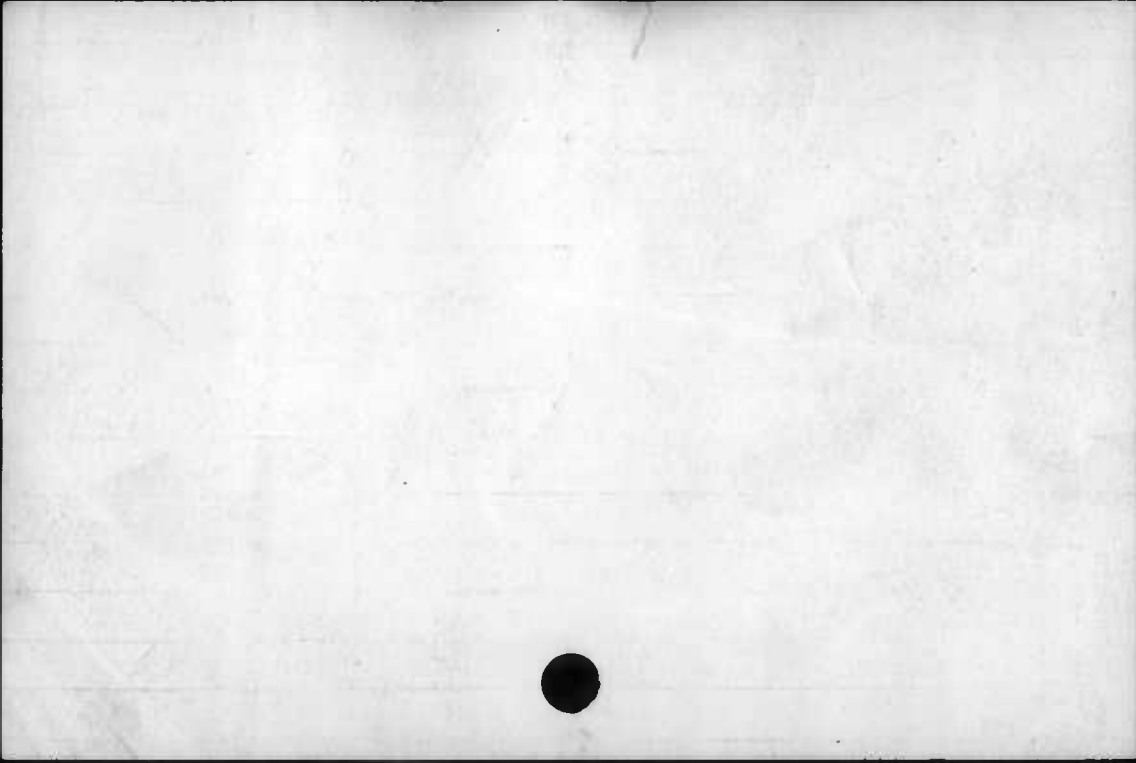
Died at <i>Eek Ridge</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>3</i>	Years <i>79</i>	Months <i>3</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Eek Ridge, Md.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>none</i>			
Father's Name <i>John Fetter</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Frederick Shinnamon</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Dementia (Consecutive)</i>	How long <i>70 years</i>
Immediate <i>Senility</i>	How long <i>5 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm R. Egreckson</i>
	Address <i>Eek Ridge, Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	1908	Month	Nov.	Day	23	Age	96
Sex	Female	Color or Race	Colored	Birth-place	Ind	Months	Ind
Occupation	House Keeper		Where Residing if not at place of death		Ellicott City		
Married, Single or Widowed	Widower	Name of Wife or Husband	None				
Father's Name	James Williams				Father's Birthplace	Maryland	
Mother's Maiden Name	Rebecca Williams				Mother's Birthplace	Maryland	
Name of person giving information	Eliza Dorsey				How related to deceased	daughter	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

How long

Immediate

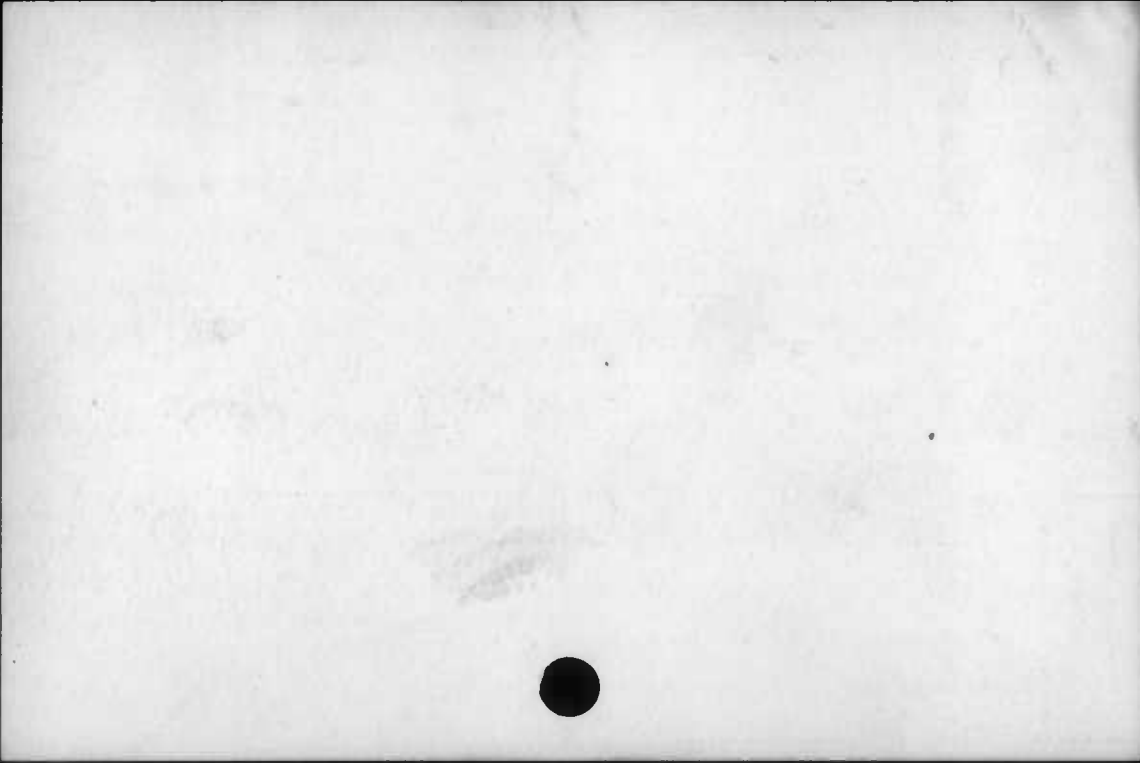
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

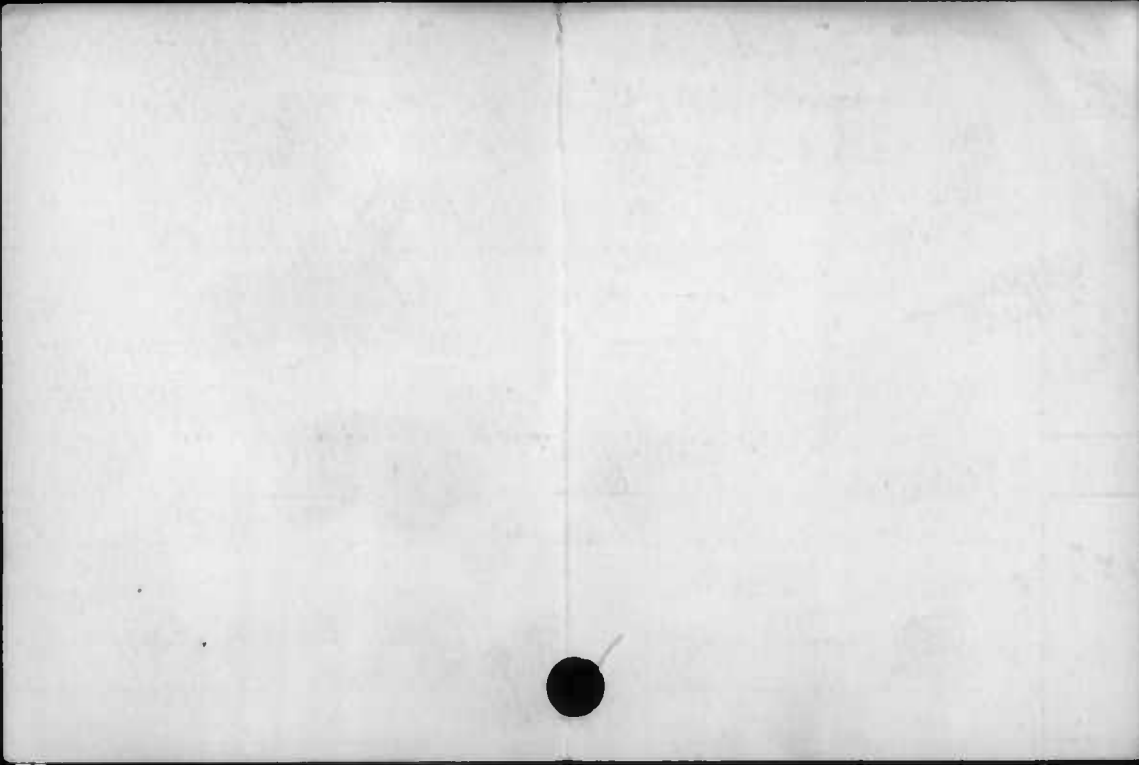
Name in Full James H. Healy		Town Ellicott City		County Haward		MARYLAND	
Died at Ellicott City		Month Nov		Day 14		Age 68	
Date of death 1908		Months —		Days —			
Sex Male		Color or Race White		Birth-place New York			
Occupation Labor		Where Residing if not at place of death Ellicott City					
Married, Single or Widowed Widower		Name of Wife or Husband {dead} basendra Jones Healy					
Father's Name James Healy		Father's Birthplace Ireland					
Mother's Maiden Name Don't know		Mother's Birthplace Ireland					
Name of person giving information John A Healy		How related to deceased Son					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Killed by B & O freight train	How long instantly
Immediate	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Bernard H. Hallenbrook, J.P.
	Address acting coronor Ellicott City Md.
Accident —	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

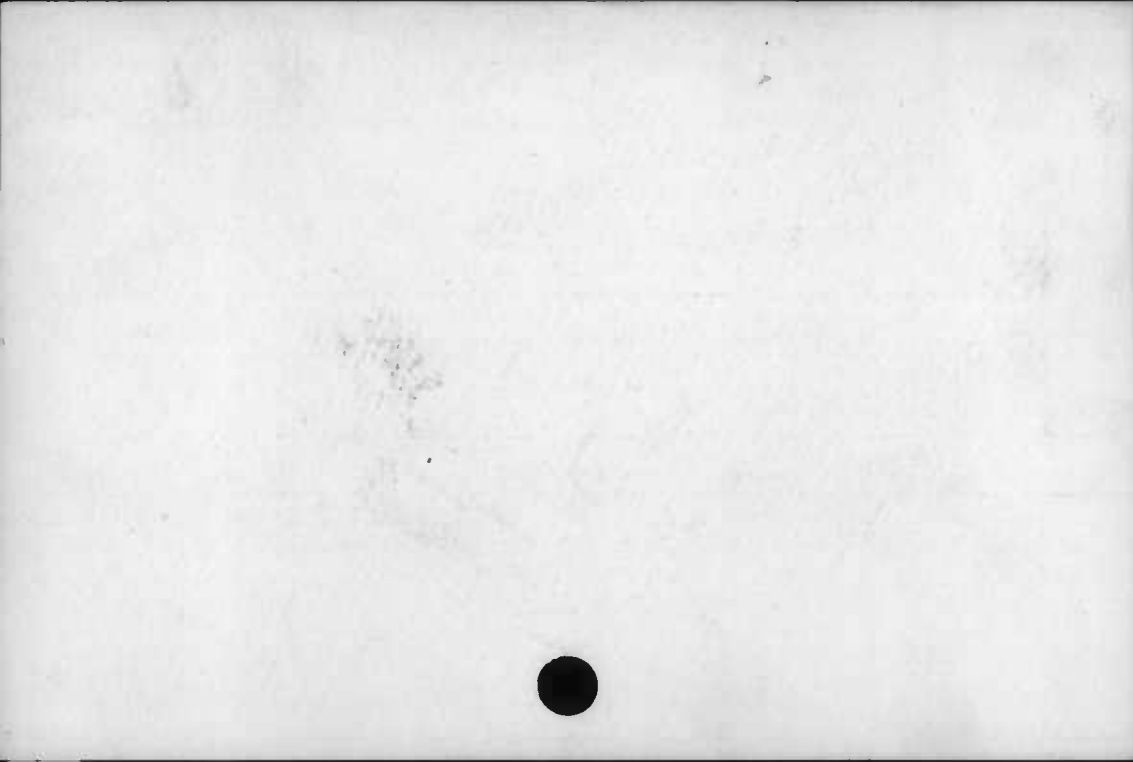
MARYLAND

Died at *Ellicott City* ^{Town} *Harford* ^{County}Date of death *1908* ^{Month} *Nov* ^{Day} *10* Age *82* ^{Years} *—* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *White* Birth-place *Id*Occupation *Housework* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Dennis O'Brien* Father's Birthplace *Ireland*Mother's Maiden Name *Honora O'Brien* Mother's Birthplace *Ireland*Name of person giving information *Mrs Michael Leoney* How related to deceased *Sister*

CAUSES OF DEATH

42

Primary *Cancer of Vulva* How long *One year*Immediate *Arthemia* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Mr. M. B. Rogers*Address *Ellicott City, Md*Accident or Suicide? *—*



Name
in
Full

Child of Helen Schillinger =

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Elliott City ^{Town} Howard ^{County}
Date of death 1908 ^{Month} Nov ^{Day} 21 Age 1 day ^{Years} — ^{Months} — ^{Days} —
Sex Female Color or Race White Birth-place MD
Occupation — Where Residing if not at place of death —

~~Married~~, Single
or ~~Widow~~

Name of Wife or
Husband —

Father's
Name

Not known

Father's
Birthplace

not known

Mother's
Maiden Name

Helen Schillinger

Mother's
Birthplace

MD

Name of person giving
Information

Mother

How related
to deceased

Mother

CAUSES OF DEATH

176

Primary

Accidental suffocation

How long

Immediate

Immediate

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

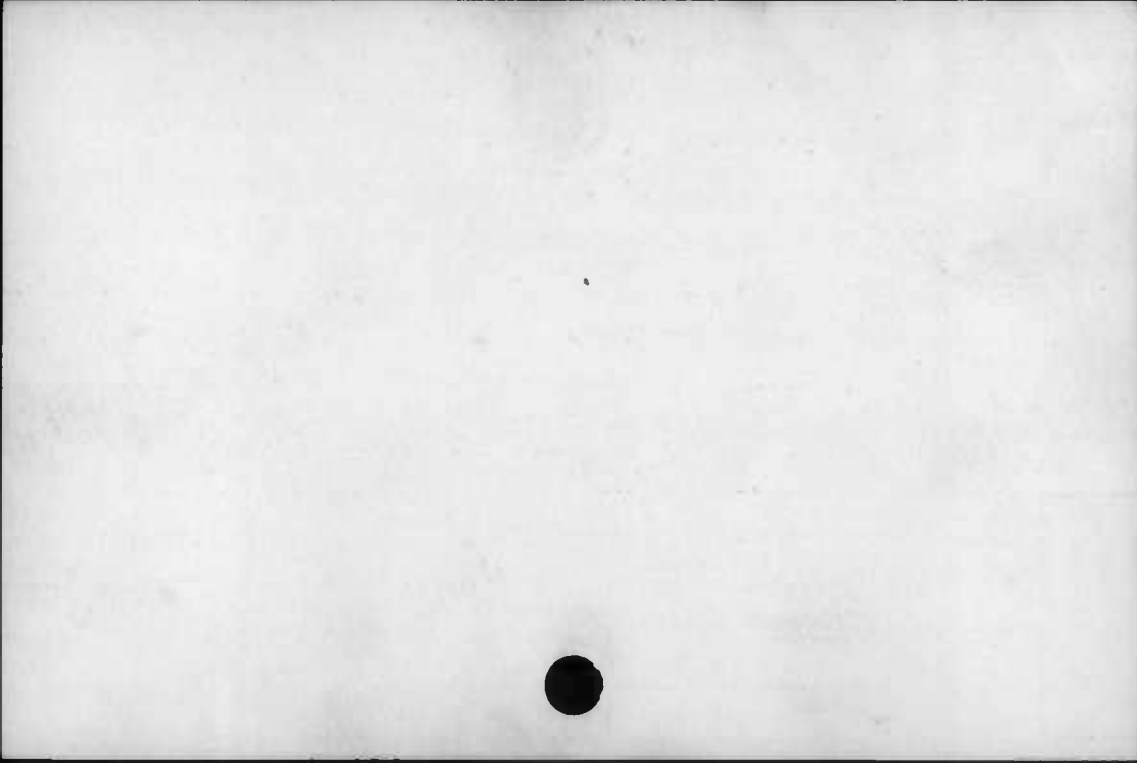
Frank O Miller MD

Address

Elliott City, MD

Accident or Suicide?

No



Name

in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER✓
CERTIFICATE OF DEATH

MARYLAND

Died at *St. Charles College*

Town

County *Howard*

County

Date of death *1908*

Month

Nov

Day

11

Age

Years

69

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Canada*

Occupation

*Clergyman*Where Residing if not
at place of death*St. Charles College*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Seraphin Viger*Father's-
Birthplace*Canada*Mother's
Maiden Name*Maria E.E. Archambault*Mother's
Birthplace*Canada*Name of person giving
Information*Rev. Father McKenny*How related
to deceased*None*

CAUSES OF DEATH

79

Primary

Organic Heart-disease

How long

Some years

Immediate

Heart Failure

How long

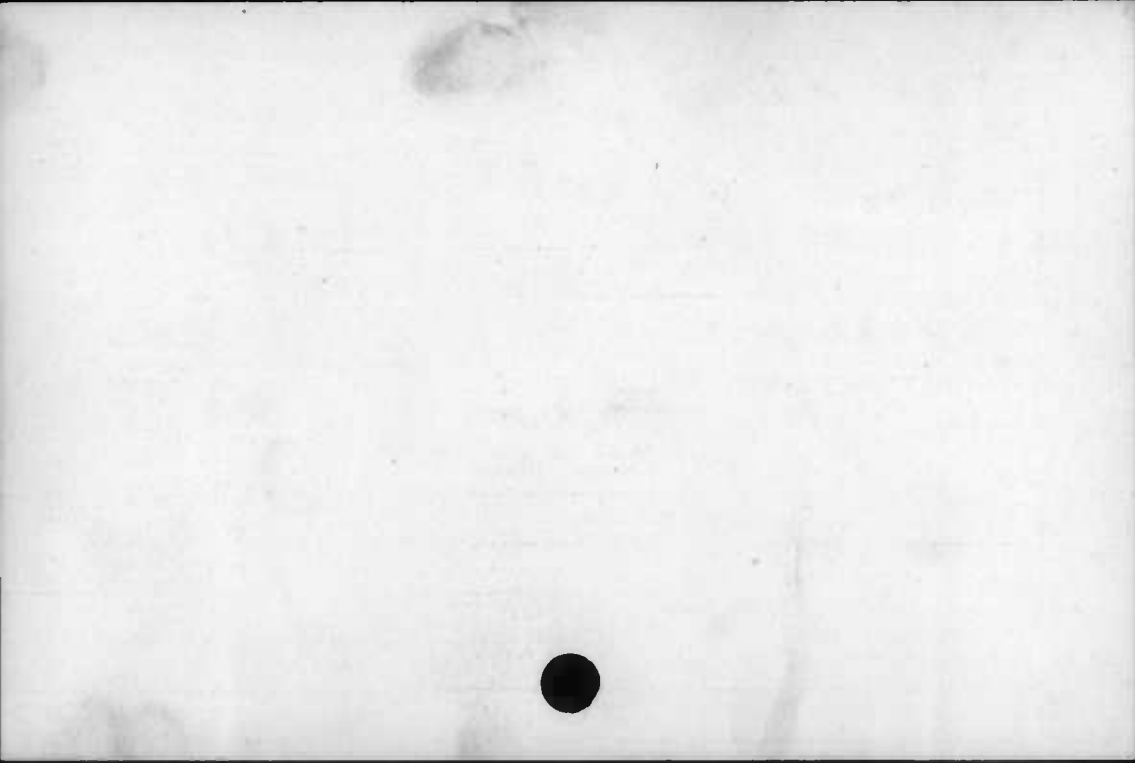
*a few minutes*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Dr. Byrne
Edmonton City

Accident or Suicide?

LIBRARY BUREAU 486618



Name
in
Full

Leanna Wall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clarksville</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>Nov.</u> <small>Day</small> <u>27</u> <small>Years</small> <u>62.</u> <small>Months</small> <u>10</u> <small>Days</small> <u>20</u>	Sex <u>Female</u> <small>Color or Race</small> <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Laundress</u>		Where Residing if not at place of death <u>Clarksville</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife <u>Husband</u> <u>John R. Wall</u>				
Father's Name <u>John W. Mercer</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Agnes Mercer</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>John R. Wall</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>6 days</u>
Immediate <u>Heart failure</u>	How long <u>Progressive</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. T. L. Cissell</u>
	Address <u>Highland, Md.</u>
Accident or Suicide?	

Mt. Olivet

Bapt.